

This form may be completed online, printed and mailed to the address listed below.

## **COURSE NOTIFICATION**

**Course Sponsor:**

\_\_\_\_\_  
**Entity Conducting Course**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Facility Phone #**

\_\_\_\_\_  
**Name of Individual Submitting Form**

**Location:**

\_\_\_\_\_

**Class Dates and Times:**

**Submit this completed form to:**

**Kathy Eberly, Credentialing Specialist  
Dept. of Health & Human Services  
Regulation & Licensure – Credentialing Division  
P. O. Box 94986  
Lincoln, NE 68509-4986**

**Phone (402) 471-4364**

**Fax (402) 471-1066**